

## ILLINOIS STATE POLICE

TODAY'S DATE 30 Oct 2013

DIVISION OF FORENSIC SERVICES\*FORENSIC SCIENCES COMMAND\*FSC-C  
EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT

ISP CASE

PAGE 1 OF 2

RD#:	CR 1051475		OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name	IR/SID/FBI #S: IR #	DET'S WORK HOURS: Monday-Friday 0900-1700 hours	
#2 Suspect	Sgt. Jose L. Lopez	No Record	PAGER/CELL PHONE NUMBER: 312-351-0441	
#3 Suspect	PO Darryl Hardy	No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057	
#4 Suspect	PO Pablo Mariano	No Record	AREA/UNIT: Bureau of Internal Affairs/121	
#5 Suspect	Det. Anthony M. Amato	No Record	EVIDENCE COORDINATOR (EC): <i>[Signature]</i>	
#6 Suspect	PO Victor Rivera	No Record	EC REVIEW DATE: 31 Oct 2013	

## INSTRUCTIONS:

\*PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY\*\*

\*\*ATTACH ORIGINAL CASE REPORT\*\*

\*\*SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW\*\*

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <i>Indicate to Which Section(s) Each Item Should Go</i>	PRIORITY <b>*EC-ONLY*</b>	BOX TYPE <b>*FSS-ONLY*</b>
	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	i	
	Handwriting Samples (Sgt. Jose Lopez)	D	i	
	20 Original Consent to Search Forms (PO Darryl Hardy)	D	i	
	Handwriting Samples (PO Darryl Hardy)	D	i	
	20 Original Consent to Search Forms (PO Pablo Mariano)	D	i	
	Handwriting Samples (PO Pablo Mariano)	(21-32) D	i	Box
	20 Original Consent to Search Forms (Det. Anthony Amato)	D	i	
	Handwriting Samples (Det. Anthony Amato)	D	i	
	20 Original Consent to Search Forms (PO Victor Rivera)	D	i	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED] who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED] through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

CL# 1051475

Attachment# 80

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\*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

ISP 6-634 (06/05)

CR 1051475

CPD 0028096

INV NO

PKG NO

RE-INVENTORY OF:

UNIT 121

DATE RECOVERED

05-AUG-2013

CR 1051475

INVENTORY NO.

ITEM ID QUANTITY

6570792 1 OTHER: PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF PO PABLO MARIANO #6691

DESCRIPTION OF PROPERTY

COMMENTS: Documents for Hand Writing Analysis by the Illinois State Police - Lab Number: S11-8230

\$ DEPOSITED AMT

\$ INVENTORY AMT

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

Court Date  
Court Branch

CURRENCY:

IUCR:

STATE CHARGES:

RECOVERED/SEIZED FROM - NAME

DECEASED ARRESTED

OWNER'S NAME

Star: 6691

ADDRESS

TELEPHONE NO.

JUDGE

CT.BR.

ADDRESS

TELEPHONE NO.

SEE COPY 4 FOR NOTICE TO FINDER

ADDRESS

TELEPHONE NO.

ADDRESS

TELEPHONE NO.

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TELEPHONE NO.

JUDGE

CT.BR.

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CPD 0028097

Officer Pablo Mariano

Star Number: 6691

CL# 1057  
Attachment# 80  
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SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT  
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: PABLO, MARIANO

TITLE: PO

SOCIAL SECURITY NO: [REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY  
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT  
JUDGEMENT.

SIGNATURE: [Signature]

DATE: 24 Apr 04

k3 21  
n

CPD-62.130 (REV. 1/03)

1051475

Attachment# 80

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NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

**Gifts/Money.** You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

**Dual Employment.** You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

**Interest in City Business.** You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

**Property.** You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

**Relatives.** You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this 18th day of Dec, 2000.

Signature: [Signature]

Print Name: SP36 WARR, RW

K3-222

Soc. Sec. No. [Redacted]

Title: Probationary Police Officer

CL# 1051475

\* You must return a signed copy of this Notice to your Department head.

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NOTICE TO EMPLOYEES - ETHICS RULES

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**Property.** You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

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I hereby acknowledge receipt of a copy of the foregoing notice this 18th day of Dec, 2000.

Signature: [Signature]

Print Name: ROBERTA M. ROBE

Soc. Sec. No. [REDACTED]

Title: Probationary Police Officer

\* You must return a signed copy of this Notice to your Department head.

Attachment# 80

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CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES  
EMPLOYEE CHANGE OF ADDRESS FORM

Dec 18- 02

Department: CPD Bureau: \_\_\_\_\_  
Name: PABLO, MARIANO JR MARIANO,  
Position Title: P/O SSN: [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Former Address: [REDACTED] Zip code: [REDACTED]  
New Address: [REDACTED] Zip code: [REDACTED]  
New Phone Number: [REDACTED] Effective Date: 7/27/10

10th Dist

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Human Resources and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Department Head Signature \_\_\_\_\_

Employee Signature [Signature]

K3-24  
2

HUMAN RESOURCES DIVISION



MAY 17 2011

CHICAGO POLICE DEPARTMENT

Date 7/27/10

Complete and sign two copies.  
First copy to department file.  
Second copy to Department of Human Resources.

(See reverse side)

CL# 105  
Attachment# 80  
Page 8 of 18  
PER - 72 3/24/2010

CPD 0028102



City of Chicago  
Employee Change of Address Form

2000

Department Chicago Police Dept Bureau \_\_\_\_\_  
Name PABLO MARIANO (MARIANO)  
Position title Patrol OFFICER  
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]  
New Address [REDACTED] Zip Code [REDACTED]  
Effective Date 9 May 05 00846  
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

RECEIVED

MAY 09 2005

PERSONNEL DIVISION  
EMPLOYMENT SECTION

PERSONNEL SERVICES

MAY 10 2005

CHICAGO POLICE DEPARTMENT

Signed [Signature]

Date 9 May 05

CL# K7-25  
1051475

Attachment# 80

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Complete and sign two copies.  
First copy to departmental file.  
Second copy to Department of Personnel.

CPD 0028103





City of Chicago  
Employee Residency Affidavit

Department Police Bureau Operations  
Name PABLO MARIANO JR  
Position title PROBATIONARY POLICE OFFICER  
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]  
zip code [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [Signature] K3-28  
x

Date 18 December 2000 1051425

Complete and sign two copies.  
First copy to department file.  
Second copy to Department of Personnel.

Attachment# 80  
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DEPARTMENT OF POLICE \* CITY OF CHICAGO  
3510 SOUTH MICHIGAN AVENUE \* CHICAGO, ILLINOIS 60653

**SWORN**  
**ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT**

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: PABLO, MARIANO

RANK/TITLE: P.O.

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 18 MAR 07

WITNESS' SIGNATURE: M. Lo 2968

DATE: 18 MAR 07

CPD-62.111 (Rev. 1/07)

K3-27x

CLV 1052475

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SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT  
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: PABLO MARIANO

TITLE: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWOED WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOGIN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOGIN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 28 JAN 05

WITNESS SIGNATURE: [Signature]

DATE: 28 JAN 05 LB-28  
X

CPD-62.111 (7/03)

CL# 1051475

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STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

PABLO MARINALE JR  
Name (print)

Office of Police Officer

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Star No. 6475

having been appointed to the

Attachment # 80  
Page 13 of 18

Signature

Address (print)

Date

Witnessed by:  
W. L. Green

24 July 01 K3-29

**PERSONAL HISTORY QUESTIONNAIRE  
BACKGROUND INVESTIGATION  
CHICAGO POLICE DEPT.**

1. POSITION APPLIED FOR: EXAM NO. 32002

☒ POLICE OFFICER

☐ OTHER (SPECIFY) \_\_\_\_\_

2. DATE 9/23/00

(DAY-MONTH-YEAR)

23-9-2000

3. NAME (LAST - FIRST- MIDDLE INITIAL)

MARIANO, PABLO

4. MAIDEN NAME (IF APPL.)

5. HOME PHONE

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY)

8. SOCIAL SECURITY #

**INSTRUCTIONS  
PRINT OR TYPE ALL INFORMATION**

**IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED ON THE BACK COVER OF THIS QUESTIONNAIRE.**

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the **CONTINUATION SECTION** on page 10 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

**DISCLAIMER**

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

9. SIGNATURE (APPLICANT)

[Signature]

CL#

1051475

DATE (DAY - MONTH - YEAR)

2-04-22

k3-30x

PAGE 1

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I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT)

DATE (DAY - MONTH - YEAR)

23-9-2000

CONTINUE ON TO PAGE 12 AND SIGN RELEASE

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH  
AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT)

DATE (DAY - MONTH - YEAR)

SIGNATURE (APPLICANT)

DATE (DAY - MONTH - YEAR)

SIGNATURE (WITNESS)

STAR #

DATE (DAY - MONTH - YEAR)

18205

28 NOV. 00

23-31

CL# 1051475

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CHICAGO POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, PABLO MARIANO, do hereby authorize the release, review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature, except that I do not authorize the release of any information regarding my HIV status.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information." I understand that all information and documents turned over to the Chicago Police Department become the property of the Chicago Police Department and will not be returned to me.

SIGNATURE

ADDRESS

PHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NO.

WITNESS

CL# 1051475

DATE

23 SEP 00

K7-32



CHICAGO POLICE DEPARTMENT  
EVIDENCE

RD. NO.        DATE 05 Aug 2013  
INVENTORY NO.                      ME NO.                       
TYPE OF OFFENSE                       
CASE NAME CR 1051475  
ADDRESS OF SCENE/SERVICE                     

District of Occurrence                      Beat No.                       
Detective(s) KENNEDY Area B-1-A  
Det. Shawn Kennedy

CONTENTS

HAND WRITING SAMPLES

RECOVERED FROM PO PABLO MARIANO

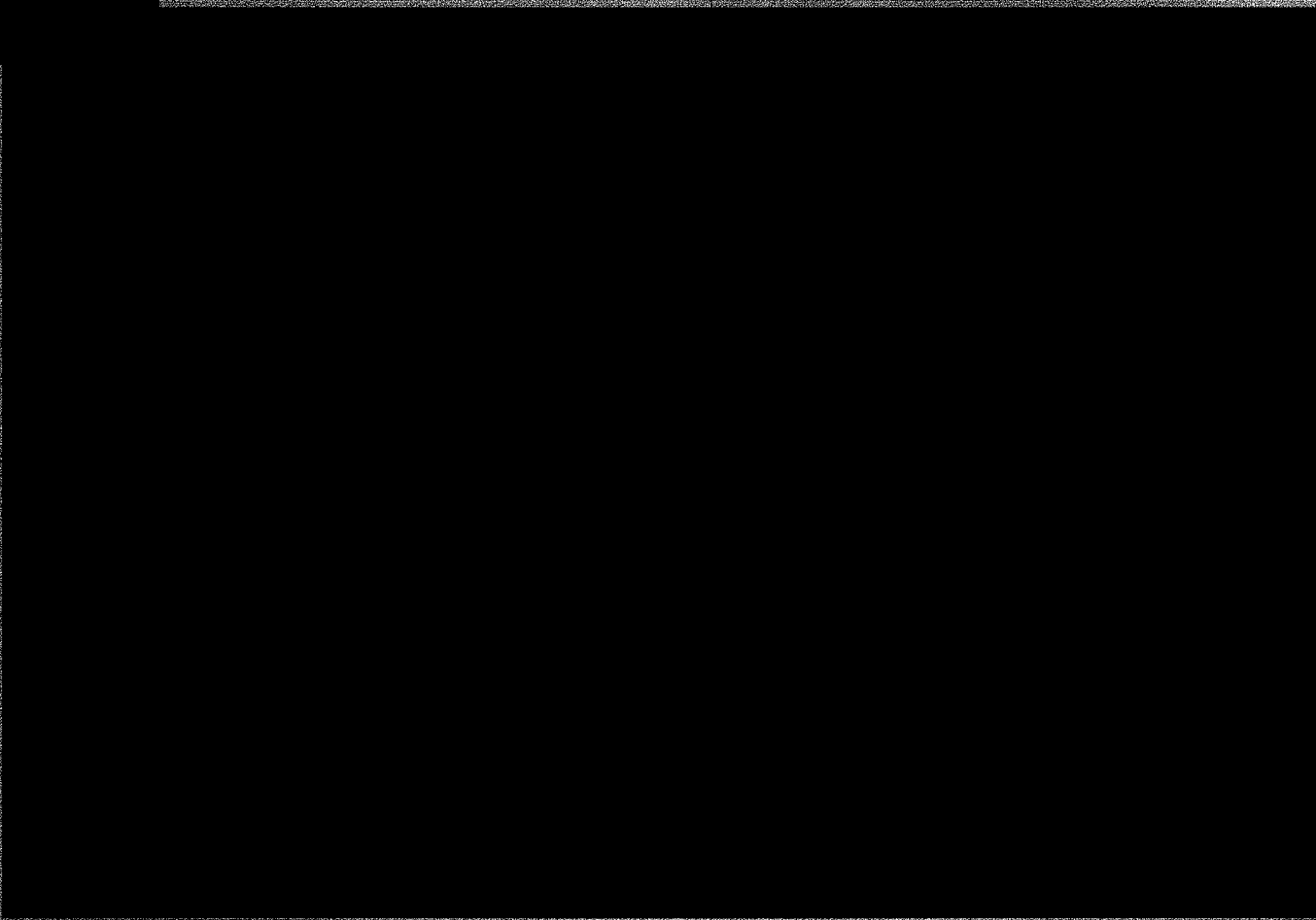
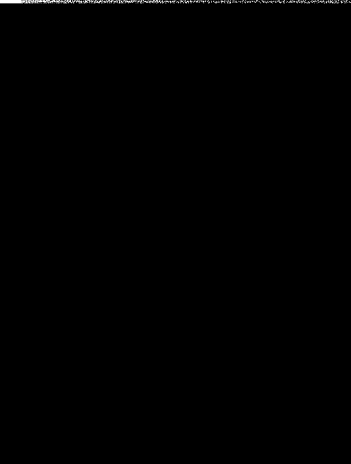
RECOVERED BY DET. SHAWN KENNEDY

CPD 33.310 - A (3/97)

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CLERK  
AUG 14 2013  
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Henry #21470  
264 C Blue #506



CL# 1051475

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